

second, third, and fourth ribs of the left side. The pleural cavities were filled with blood. The lungs appeared healthy; that of the left side, however, being imperfectly expanded. The clavicle was fractured obliquely across its middle third. The brain was congested, the sinuses and vessels being distended with clotted blood. The spleen was ruptured, and was surrounded by masses of clotted blood. The heart, liver, kidneys, bladder, and other viscera, were healthy.

*May 23. Anæmia from prolonged Lactation, causing Softening of the Brain, and Death.*—Dr. LIVEZY communicated the following case: Ellen Fox, æt. 29; born in Ireland; married; admitted to the Pennsylvania Hospital, May 10, 1860, suffering from anæmia. She had had three children in rapid succession, there being an interval of but sixteen months between the births of the last two, the elder of which she had nursed until within two or three months of the birth of her last child, so that for several months gestation and lactation had been carried on at the same time. At the date of her admission she complained of general debility, and a thumping sensation in the left side of her head. An anæmic murmur could be heard very distinctly along the jugular veins. She was pale and emaciated, with a frequent but feeble pulse. She was ordered tonics, with good diet, under which treatment she appeared to improve. A few days after, she complained of sick stomach, occurring in the morning, and believed herself again pregnant. On the evening of the 18th inst. she said she felt better, and had been walking out in the yard. She slept well the fore part of that night, but about 3 o'clock the next morning she had a slight convulsion. When I saw her, she was better. I told her to remain in bed next day. She took food, but appeared inclined to sleep. In the evening she was about the same; had had no more convulsions. I was called to see her about 12 o'clock; she was then sensible, but suffering from spasmodic action of the muscles of the arms and forearms, the right being most affected, and when one was in motion the other was quiet. The pupils were natural. Ordered her an injection of mist. assafoetida, and to have mustard applied along the spine. After that she seemed better, and slept about two hours. In the morning she appeared sinking. She died at about 3 o'clock that afternoon.

*Autopsy, twenty hours after death.*—Rigor mortis well marked. Lungs congested, with minute tubercles scattered through them; there were some tubercular deposits also on the pleura. Heart very small, with concentric hypertrophy, and enlargement of the columnæ carneæ. Brain slightly congested, and very soft, particularly on the left side: Under the microscope, its minute structure was seen broken up. The large intestine was very much thickened, especially opposite the attachment of the mesocolon. The thickening consisted chiefly of hypertrophied connective tissue beneath the peritoneal coat of the bowel, and involving its fibrous coat.

*Sept. 12. Medullary Sarcoma of the Uterus.*—This specimen, together with the following report of the case, was presented, through Dr. Gross, by Dr. ROBT. BURNS, of Frankford.

Miss S. M——, a tall, thin woman, æt. 46 years, born in Delaware County, Pa., began to menstruate at an early age, and continued regular until the change of life, about eighteen months ago. Her habits were active, and she had generally enjoyed good health. For seven or eight years previous to her death she was affected with what was denominated a cancer of the breast: This had been treated by escharotics, and remained

during her life an open ulcer, of inconsiderable size, the gland being entirely destroyed. She came under my care in August, 1859, at that time suffering from uterine hemorrhage, accompanied with pains, such as usually occur in cases of abortion. On examination, the os uteri was found circular and open; and the uterus enlarged so as to be easily felt above the os pubis by placing the left hand over the hypogastric region and raising the organ by the right finger. The discharge was considerable, and only temporarily relieved by remedies, always recurring in the course of two weeks and accompanied by uterine pains. On examination per vaginam, clots of blood were found within the dilated os uteri; on removing these, something more solid was found to occupy the neck of the uterus, to determine the nature of which I made a specular examination, in the presence of a physician of this city. On removing the coagulated blood, a tumour was seen protruding from the dilated os uteri. Taking this to be a medullary sarcoma, I removed as much as possible of it by ligature. This was followed by marked improvement; the hemorrhage ceased, the patient improved so as to walk about, the appetite was good, and sanguification went on rapidly. In the course of a few weeks, however, the hemorrhage returned with renewed violence, notwithstanding the constant use of astringent injections both into the vagina and cavity of the uterus. Into this last-named organ I injected a solution of creasote, hoping to make an impression upon the growth of the fungus, and destroy the fetor from decomposed blood; but, in consequence of its producing considerable pain, I desisted from its use. The hemorrhage and the expulsive pains were only relieved by breaking up with the fingers the presenting medullary mass. This gave immediate relief, the neck and os uteri contracting in a normal and healthy manner; but, as stated above, there was a repetition of a similar state in the course of two weeks. Consequently she became anæmic, and extremely exhausted, and gradually sank, notwithstanding every effort at support by stimulants, tonics, and nutritious diet. About three weeks before her death the hemorrhage ceased, and some peritoneal inflammation, accompanied by tympanites, set in. This was succeeded by cerebral disturbance, followed by coma, which continued until her death, July 30, 1860.

*Post-mortem examination, thirty-six hours after death, Aug. 1, assisted by Dr. F.*—The liver, omentum, intestines, and all the viscera, were very anæmic, the liver almost white, and very hard and dry. The uterus was about thrice its normal size. On the left side of the fundus there was a tumour of a somewhat fibrous character, about the size and shape of a pigeon's egg, with very limited attachment to the uterus. On the right side of the fundus was another, of the same size and shape, differing from the former in being congested with blood, soft, and easily detached. The ligaments, Fallopian tube, and ovarium on the left side, were normal; the right ovarium was absorbed. In contact with the fimbriated extremity of the Fallopian tube of the right side was a mass of medullary substance, similar in appearance to brain. This occupied the *cul-de-sac* on the right side of the uterus, and amounted in quantity to as much as might be grasped within the hand. On making a longitudinal section of the uterus, the greater portion of its cavity was found filled by a nodulated medullary mass. Not thinking of the preservation of the specimen at the time, this was detached with the scalpel, to ascertain, if possible, the source of the hemorrhage. Apparently this had come from many enlarged veins which ramified copiously throughout its substance. The incised walls of the uterus were firm, and, with the exception of being hypertrophied, were normal in

appearance. The neck and os uteri were free from disease; the latter was considerably dilated. The intestines in contact with the medullary mass above mentioned were discoloured, and of a gangrenous appearance, but no destruction of their walls was observable. An inflammatory blush extended from this point some eight or ten inches along the intestine. Several small polypi were found on different parts of the uterine appendages, and one upon the liver; the rest of the viscera presented nothing unusual. The thoracic cavity was not examined.

*Cancer of the Liver.*—Dr. CHAS. C. LEE communicated the following case: Richard Johnson, æt. 47, born in Denmark, was admitted to the Philadelphia Hospital, July 24, 1860, with well-marked hypertrophy of the liver. Though a thin man, and rather under the medium size, his abdomen measured thirty-four inches in circumference. According to the patient's account, the abdomen began to swell only five weeks before his admission, increasing rapidly in size and tension. He had never suffered from remittent fever or hepatic disease of any kind, nor could any hereditary taint be traced in his family. This story was thought improbable, but he repeated it several times, and was especially positive as to the date of his abdominal swelling. The outline of the liver was carefully traced, and its surface painted with strong tincture of iodine, and the patient was treated with mercurials and Lugol's solution, in combination with extract of taraxacum; notwithstanding which the liver steadily increased in size, no nodules being perceptible. On the 1st of August the patient's powers began to fail. Stimulants and tonics were exhibited, but he was so evidently sinking that no hopes were entertained for his recovery. He suffered no pain whatever, and became slightly jaundiced only one day before his death, which occurred on the night of the 18th of August, apparently from sheer exhaustion.

*Autopsy, eighteen hours after death.*—The body was greatly emaciated, and the rigor mortis but slightly marked. The heart was soft and very fatty, its right side filled with yellow fibrinous clots, firm, and intimately blended with the fleshy columns, apparently of *ante-mortem* formation. The lungs were both slightly œdematous, and showed evidences of an old pleuro-pneumonia on the right side, but contained no tubercles; scarcely any hydrothorax existed, but there were about two fluidounces of serum in the pericardium. The kidneys were normal in size and structure. The brain was not examined, as no cerebral symptoms had existed. Nearly three pints of limpid serous effusion were found within the peritoneum, but nothing abnormal in the stomach or intestines. The liver was enormously enlarged, completely covering the stomach, and extending deeply into the left hypochondriac region. It weighed fourteen pounds, and measured sixteen inches and a half across the under surface from right to left; the right lobe was twelve inches long and five inches thick. The proper hepatic structure was in great measure displaced by circumscribed deposits of medullary cancerous tissue of a yellowish-white colour, marbling the surface in a beautiful manner, and rising into nodules in every direction, but so soft as to be easily compressible, and imperceptible through the abdominal walls. The microscope revealed in this structure no fibrils, but numerous caudate and multiform cells, evidently of the cancerous type, intermingled with a few hepatic cells, the former greatly predominating in number.

*Abscess of the Liver opening into the Right Lung.*—Dr. MITCHELL, in presenting this specimen, gave the following account of the case: J. S.,